

Manifestation Determination Review Form

Name: _____ School/Grade: _____
MDR Meeting date: _____ Date of Incident: _____ Suspension date: _____

I. Behavior prompting suspension:

- A. Description of behavior prompting suspension: _____

- B. Description of district policy concerning the behavior: _____

- C. Is there a written incident report: ☐ yes ☐ no (please attach)
- D. Are there written witness accounts: ☐ yes ☐ no (please attach)
- E. Has the student had other manifestation determinations this year: ☐ yes ☐ no
If yes, list dates: _____

II. Appropriateness of Program:

- A. **Current Disability:** _____
- B. **Referral**— behavior prompting suspension noted as area of concern at time of referral: ☐ yes ☐ no
If yes, date of referral: _____ Concern noted: _____
- C. **Evaluation**—date of most recent evaluation: _____ Within the last 3 years: ☐ yes ☐ no
- a. Does the evaluation address current areas of behavioral concern: ☐ yes ☐ no
- b. Additional evaluation needed in the following areas:
- | | |
|-----------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Behavior Screening | <input type="checkbox"/> Intellectual Functioning |
| <input type="checkbox"/> Academic Achievement | <input type="checkbox"/> Language Skills |
| <input type="checkbox"/> School/Home Behavior | <input type="checkbox"/> Personality Assessment |
| <input type="checkbox"/> Adaptive Behavior | <input type="checkbox"/> Functional Behavior Assessment |
| <input type="checkbox"/> Other: _____ | |
- D. **IEP**—date of most recent IEP: _____ Is the IEP current: ☐ yes ☐ no
- a. Have services consistent with the IEP been provided: ☐ yes ☐ no
- b. If no, please explain: _____

- c. Are behavioral goals included on the IEP: ☐ yes ☐ no
- d. If yes, do they address the behavior subject to disciplinary action: ☐ yes ☐ no
- e. If behavioral goals/services (i.e., supplemental aids and/or ancillary attendants) were included in the behavior plan/IEP, were they consistently implemented: ☐ yes ☐ no
- E. **Academic Performance**—summary statement reflecting grades, attendance, etc: _____

- F. **Placement**—current placement is appropriate to meet the student's needs: ☐ yes ☐ no
- G. **Summary Statement**—after careful review of all relevant information, it is the finding of the team that:
- a. The student ☐ was ☐ was not properly evaluated.
- b. The IEP and placement ☐ are ☐ are not reasonably calculated to confer educational benefit.

III. Ability to Understand Impact and Consequences:

- A. Has the student received information regarding the school's code of conduct? ☐ yes ☐ no
Source(s) of information: _____
- B. Has the student demonstrated the ability to follow school rules? ☐ yes ☐ no
Source(s) of information: _____
- C. Has the student expressed that this or similar conduct is wrong? ☐ yes ☐ no
- D. Source(s) of information: _____
- E. Has the student expressed an understanding of the consequences of this or similar behavior? ☐ yes ☐ no
Source(s) of information: _____
- F. **Summary Statement**—after careful review of all relevant information, it is the finding of the IEP team that at the time of the offense, the student ☐ was ☐ was not able to understand the impact (i.e., wrongfulness, criminality, consequences) of his or her conduct.



IV. Ability to Control Behavior

- A. Nature and severity of the student's disability (eligibility criteria, behavioral characteristics):

- B. Is this an isolated instance of this behavior or is it recurrent?

- C. Was this behavior affected by psycho/social event(s) unrelated to the disability (i.e., illness, death, family conflict, substance abuse)?

- D. In the opinion of the team, was the behavior premeditated **OR** impulsive?

- E. Pertinent medical information (diagnosis, medications)

- F. **Summary Statement**—after careful review of all relevant information, it is the finding of the IEP team that at the time of the offense, the student ☐ was ☐ was not able to conform to the school's code of conduct.

V. Manifestation Determination

- A. In relation to the behavior subject to disciplinary action and the student's disability:
- The conduct in question was caused by the student's disability or had a direct and substantial relationship to the student's disability: ☐ yes ☐ no
 - The conduct in question was the direct result of the local school district's failure to implement the IEP: ☐ yes ☐ no
- NOTE: If either condition is true, then the conduct subject to disciplinary action would be considered a manifestation of the student's disability.**
- B. The determination of the IEP team is that the behavior subject to discipline:
- ☐ **IS NOT** a manifestation of the student's disability. The student may be disciplined in a manner consistent with his or her non-disabled peers; however, the student must continue to receive FAPE.
- ☐ **IS** a manifestation of the student's disability. The school must address his or her behavior through a functional behavior assessment (FBA), unless one has been recently completed examining similar conduct. A behavior plan must be developed or modified to address the behavior in question. The student is returned to the placement from which he or she was removed unless the parent and school agree to a change of placement as part of the modifications of the behavior intervention plan and/or least restrictive environment (does not apply to the Special Circumstances clause).

VI. Parent Signature (check all that apply)

- ☐ I agree with the determination above.
- ☐ I disagree with the determination above, will request an expedited due process hearing, and have been presented with the *Notice of Procedural Safeguards*.
- ☐ I agree with a change in placement to an interim alternative educational setting (if applicable).
- ☐ I give permission for the identified assessment(s) to be administered, have been provided *Prior Written Notice*, and have been presented the *Notice of Procedural Safeguards*.

Parent signature: _____ Date: _____

VII. Record of Participation

| | |
|-----------------------------------|-------------|
| LEA Representative: _____ | Date: _____ |
| Special Education Teacher: _____ | Date: _____ |
| General Education Teacher: _____ | Date: _____ |
| School Psychologist: _____ | Date: _____ |
| School Counselor: _____ | Date: _____ |
| Student (when appropriate): _____ | Date: _____ |
| Other: _____ | Date: _____ |
| Other: _____ | Date: _____ |

